

Chapter 3: CORE PERFORMANCE MEASURES—DATA COLLECTION AND REPORTING

How do Steps communities collect data required to report on core performance measures?

To report on core performance measures, Steps communities collect data on program implementation and on progress toward intended outcomes. Staff in Steps communities provide data to document program implementation from their own records or progress reports. For the most part, these data are collected or prepared by personnel responsible for program management or evaluation. By and large, data on program implementation measures are qualitative.

To measure progress toward intended outcomes, Steps communities participate in the BRFSS and the YRBSS (see Appendix D for a list of all BRFSS and YRBSS questions necessary for reporting on core performance measures). To ensure coordinated action and efficient use of resources, data collection draws on infrastructure and capacity at the national, state, and local levels (e.g. technical assistance from CDC, access to schools and students through state departments of education). Data collection procedures or processes vary by community. For example, some Steps communities conduct a stand-alone survey in their intervention area, and others coordinate data collection with the state or local BRFSS or YRBSS. In a few cases, Steps communities adapted their data collection methods to respond to local cultural needs. Nonetheless, CDC staff and Steps Program stakeholders agree that all data collection methods are similar enough to produce information usable for performance measurement. In addition to providing information for evaluation of the Steps Program as a whole, disease and risk factor surveillance data provide important information for evaluation of individual community programs.

For most Steps communities, CDC does the cleaning, weighting, and analysis of surveillance data. CDC provides each communities a report of data needed to participate in the evaluation of the Steps Program as a whole. To report on indicators for which data are collected through the BRFSS and YRBSS, Steps communities need only select the relevant data from the reports the

information to the core performance measures reporting forms described in the next section. Appendix E contains a map that presents the content and layout of the BRFS report. Appendix F contains a map that presents the same information for the YRBS report.

How are data reported to CDC?

Beginning in November 2006, Steps communities submit data on the core performance measures annually. State departments of health that coordinate programs in multiple communities complete a supplemental state report that only includes indicators I-7.6 and I-7.7. Table 3 is a timeline of key activities relevant to data collection and reporting on core performance measures. For Steps communities whose surveillance data are not analyzed by CDC, the schedule may differ slightly.

Table 3. Timeline for Core Performance Measures Data Collection and Reporting

| Specific Task(s) | Timeframe for Completion |
|--|---|
| Community Behavioral Risk Factor Survey (BRFS) data collected. | Varies by Steps community. For example, some communities collect 1/12 of their data each month, and others collect all of their data at one time. |
| BRFS data submitted to CDC for processing and analysis. | Varies by Steps community. All communities should submit data by the end of the calendar year. |
| BRFS results returned to communities. | Spring (e.g., 2006 data reports will be sent to communities in May–June 2007). |
| Youth Risk Behavior Survey (YRBS) data collected. | Spring of odd-numbered years. |
| YRBS data submitted to CDC for processing and analysis. | Spring of odd-numbered years. |
| YRBS results returned to communities. | 8–12 weeks after data sent to CDC for processing and analysis. |
| Core performance measures data reported to CDC. | <p>November each year.</p> <p>Communities report on adult outcome indicators (e.g., indicators that use BRFS data) annually. Data for these indicators will be for the prior year (e.g., data for 2006 are reported in November 2007).</p> <p>Communities report on youth outcome indicators (i.e., indicators that use YRBS data) biennially. Data for these indicators will be for the current year (e.g., YRBS data for 2007 are reported in November 2007; no YRBS data are reported in November 2008).</p> <p>Communities report on implementation indicators annually. Data for these indicators will be drawn from program records and documents for the most recent annual funding cycle (e.g., program data for September 22, 2006–September 21, 2007 are reported in November 2007).</p> |


We expect all Steps communities to collect BRFS data annually, YRBS data biennially, and to report on core performance measures each November for the duration of the Steps Program.

CDC provides communities with a set of standardized forms for reporting on core performance measures. We provide these forms as a Microsoft Excel workbook. After completing the workbook, Steps communities return it to CDC electronic or hard copy. The forms capture all data required for indicators; additional space is provided for supplemental information that

explains or supports the required data. Steps communities are not required to submit supplemental information, but we encourage them to use this opportunity to tell their program's story in a richer format. Examples of supplemental information Steps communities might send include descriptions of local events or conditions that may influence program outputs or outcomes, and data from questionnaires, surveys, or sources other than the BRFSS or YRBSS. Such information is useful because it allows CDC to better understand a community's achievement in light of their context or state and national trends. Detailed instructions for completing these forms are embedded within the data entry fields. Figure 7 provides an example of reporting forms for two indicators—one program implementation indicator (*I-6.1. Documented evidence for activities related to all the diseases and risk factors of interest to the Steps Program*) and one outcome indicator (*O-7.1. Tobacco use cessation attempts by adult smokers*).

Once communities submit their data, CDC reviews the reporting forms for completeness and prepares the information for assessment. CDC staff work collaboratively with Steps communities make the reporting process as smooth as possible.

Figure 7. Steps to a HealthierUS Cooperative Agreement Program Core Performance Measures Reporting Forms for Indicators I-6.1 and O-7.1




Lead Agency: 0
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-6 Use multiple, evidence-based public health strategies

Indicator I-6.1 Documented evidence for activities related to all the diseases and risk factors of interest to the Steps Program

| Intervention | Source of Evidence for Intervention | Disease/Risk Factor | | | | | |
|--------------|-------------------------------------|---------------------|----------|--------|-----------|-------------------|---------|
| | | Obesity | Diabetes | Asthma | Nutrition | Physical Activity | Tobacco |
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Contextual Information or Supplemental Data (optional)



Lead Agency: 0
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-7 Measurable improvements in healthful eating, physical activity, and tobacco use

Indicator O-7.1 Tobacco use cessation attempts by adult smokers

Data Source: **BRFS**

| n (Meets criteria) | n (Does not meet criteria) | N (Total) | % (Meets criteria) | 95% CI (Meets criteria) |
|-----------------------|-------------------------------|--------------|-----------------------|----------------------------|
| | | 0 | | |

Contextual Information or Supplemental Data